

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

100-1205  
OLMS USE

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U- <b>5727</b>	2. Fiscal Year Covered From: <b>11/1/05</b> Through <b>10/31/05</b>
3. Name and address of person filing:  Name <b>JAMES</b> I <b>Parrachina - R.</b>  P.O. Box, Bldg., Room No., if any  Street <b>5505 S. Ely</b> City <b>Henderson</b> State <b>FL</b> ZIP Code + 4 <b>60521</b>	4. Name, file number, and address of labor organization:  Name <b>Plumbers &amp; Pipefitters Local 501</b> Labor Organization File Number <b>540249</b>  P.O. Box, Building and Room Number, if any  Street <b>1895 10th Street</b> City <b>Arlington</b> State <b>DC</b> ZIP Code + 4 <b>22201-8827</b>
5. Position in labor organization  Local Union Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

6. Name and address of Employer (including trade name, if any).  Name Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4	7.a. Nature of interest, Transaction, or Income.  7.b. Amount.
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Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*James Parrachina*

On

**2-2-06**

Date

**60 469 7348**

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name New Haven FL Education FundTrade Name, if any: P.O. Box, Bldg., Room No., if any: Street 1095 13th StreetCity New HavenState CT ZIP Code + 4 06510-8827

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State  ZIP Code + 4 

## 9. Business deals with:

- a. Labor Organization
- b. Trust
- c. Employer

## 11.a. Nature of such dealing.

Training Fund of  
Local 501

11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

Apprentice graduation  
dinner - 2 people

12.b. Amount. \$80.00

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u></u>
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